



P.O. Box 305025
Montgomery, Alabama
36130-5025

STATE OF ALABAMA
BOARD OF HEATING, AIR CONDITIONING &
REFRIGERATION CONTRACTORS

Phone: (334) 242-5550
Fax: (334) 242-5555
www.hacr.alabama.gov

ANNUAL APPRENTICE RENEWAL FORM

RENEWAL TYPE

Registration Number(s): _____

1. Mark which type of registration you are renewing (mark all that apply):

- ☐ HVAC APPRENTICE \$25.00
- ☐ REFRIGERATION APPRENTICE \$25.00
- ☐ HVAC AND REFRIGERATION APPRENTICE \$50.00

LATE FEES:

Annual Active Late Fees

After December 31 \$75.00 = \$50.00 late fee + \$25.00 renewal fee

Fee will be \$150.00 if renewing both HVAC and Refrigeration Apprentice registrations late.

CITIZENSHIP (Must be completed in compliance with Ala. Code § 34-14A-7 and Ala. Code § 31-13-7.)

1. Are you a citizen of the United States? (PROVIDE PROOF OF CITIZENSHIP i.e.: driver's license, passport, birth certificate)
___ Yes ___ No If "yes," please read the declaration below, sign, and continue to section 2.
 If "no," see question 2 below.

I hereby declare that I am a citizen of the United States of America and, I sign this declaration under penalties of perjury; making a false, fictitious, or fraudulent statement or representation in this declaration is perjury in the second degree pursuant to Ala. Code § 13A-10-102.

Signature of Applicant

Date

-OR-

2. If you are not a citizen of the United States, are you an alien who is lawfully present in the United States of America?
___ Yes ___ No If "yes," please read the declaration below and sign.

PROVIDE PROOF OF LAWFUL PRESENCE

I hereby declare that I am an alien lawfully present in the United States of America.

I sign this declaration under penalties of perjury; making a false, fictitious, or fraudulent statement or representation in this declaration is perjury in the second degree pursuant to Ala. Code § 13A-10-102.

Signature of Applicant

Date

Have you ever been convicted of or entered a plea of guilty or nolo contendere (no contest) to any felony including any offense for which you have received a pardon, in any jurisdiction in the past 12 months?

____Yes ____No If yes, please explain in the space provided below for Board review.

PAYMENT INFORMATION: (PLEASE ENCLOSE PAYMENT FOR EACH CERTIFICATION)

Enter payment information below. The Board accepts Master Card, Visa or Check.

Card Number: _____ Exp. Date: _____

Signature: _____ Date: _____

DATE RECEIVED: _____

CHECK No: _____

AMT: _____